

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on June 25, 2003.

I. DISPUTE

Whether there should be reimbursement for CPT codes and a HCPCS Code 72240-WP, 62284-WP, 76003-26, 72125-WP, 76375-WP, and A4645 for date of service July 23, 2002.

II. RATIONALE

EOB's for the CPT codes and HCPCS code below were not submitted by either party; therefore, these codes will be reviewed per Commission Rules and the 1996 Medical Fee Guideline.

- CPT Code 72240-WP for date of service 07/23/02. Per the 1996 Medical Fee Guideline, Radiology/Nuclear Ground Rule (I)(A)(2) the operative report supports delivery of service. Reimbursement in the amount of \$182.00 is recommended. (PC\$ \$76.00 + TC\$ \$106.00)
- CPT Code 62284-WP for date of service 07/23/02. Per the 1996 Medical Fee Guideline, Surgery Ground Rule (II)(A) and CPT descriptor the operative report supports delivery of service. Reimbursement in the amount of \$303.00 is recommended.
- CPT Code 76003-WP for date of service 07/23/02. . Per TWCC Advisory 97-01 diskogram report supports delivery of service; therefore, reimbursement in the amount of \$52.00 is recommended (PC\$ \$52.00).
- CPT Code 72125-WP for date of service 07/23/02. Per the 1996 Medical Fee Guideline, Radiology/Nuclear Medicine Ground Rule (I)(A)(2) the operative report supports delivery of service; therefore, reimbursement in the amount of \$580.00 is recommended (PC\$ \$150.00 + TC\$ \$430.00).
- CPT Code 76375-WP for date of service 07/23/02. Per the 1996 Medical Fee Guideline, Radiology/Nuclear Medicine Ground Rule (I)(A)(2) the diskogram report supports delivery of service; therefore, reimbursement in the amount of \$205.00 is recommended (PC\$ \$17.00 + TC\$ \$188.00).
- HCPCS Code 4645 for date of service 07/23/02. Per the 1996 Medical Fee Guidelines, Radiology/Nuclear Ground Rule (II)(A)(2)(b) and General Instructions (III)(A) the diskogram report supports DOP criteria; therefore, reimbursement in the amount of \$100.00 is recommended.

III. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor is entitled to reimbursement for CPT and HCPCS codes 72240-WP, 62284-WP, 76003-26, 72125-WP, 76375-WP, and A4645 in the amount of \$1,370.00. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$1,370.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 19th day of February 2004.

Marguerite Foster
Medical Dispute Resolution Officer
Medical Review Division

MF/mf